DOCUMENT RESUME

ED 302 965 EC 211 852

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|---|---|
| AUTHOR | Garland, Corrine W.; Linder, Toni W. |
| TITLE | Administrative Challenges in Early Intervention. |
| INSTITUTION | Council for Exceptional Children, Reston, Va.; ERIC Clearinghouse on Handicapped and Gifted Children, Reston, Va. |
| SPONS AGENCY | Office of Educational Research and Improvement (ED), Washington, DC. |
| PUB DATE | 88 |
| NOTE | 25p.; In: Jordan, June, Ed. And Others; Early Childhood Special Education: Birth to Three; see EC 211 851. |
| PUB TYPE | Information Analyses - ERIC Information Analysis Products (071) -- Reports - Research/Technical (143) |
| EDRS PRICE | MF01/PC01 Plus Postage. |
| DESCRIPTORS | Administrative Organization; *Administrator Responsibility; Cooperative Programs; Coordination; *Delivery Systems; *Disabilities; Family Involvement; Infants; Interdisciplinary Approach; Interprofessional Relationship; Models; *Planning; Preschool Education; *Program Design; Teamwork; Toddlers |
| IDENTIFIERS | *Early Intervention; Networking |

ABSTRACT

Part of a volume which explores current issues in service delivery to infants and toddlers (birth to age 3) with handicapping conditions, this chapter addresses the nature and challenges of effective administrative leadership of early intervention programs. Basic administrative tasks are identified, such as: building an early intervention team, creating an environment which supports families as members of the team, setting collaborative goals, and communicating goals to those who can effect their accomplishment. Elements of four administrative models (technical, human relations, political, and symbolic) are used as the basis for a multiple-model approach. Aspects of team building discussed in detail include extending team membership to families, multiagency representation on the team, interagency networking, creating a climate that supports change, systematic evaluation strategies, choosing team members, building professional skills, staff development, scheduling, family participation, goal setting, and communicating to a wider external audience. A checklist to determine readiness for team building, a team effectiveness rating scale, and a sample interview format for potential staff are included. (JW)

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# 2.
# Administrative Challenges in Early Intervention

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

❑ Early intervention programs, like all educational and human service programs, exist within the context of some form of governance or administration. Typically, they do not suffer for lack of management—defined by Webster, oddly enough, as "handling, controlling; making and keeping submissive; altering by manipulation"; and finally, "succeeding in accomplishing; directing or carrying on business or affairs." They may, however, suffer from lack of leadership. Webster defines lead as "to lead or guide on a way; to direct on a course; to direct the performance of, as in an orchestra" (a particularly apt analogy for our purposes); "to go at the head of or to be first among; to tend toward a definite result."

*Good management should be the minimum performance expectation.*

Good management, to be sure, is necessary for the efficient program operations that funders and consumers expect. However, good management should be the minimum performance expectation of administrators. The field of early intervention, challenged anew by the opportunity of the Education of the Handicapped Act Amendments of 1986 (P.L. 99-457), needs administrators who are able to go beyond management and are willing to make a commitment to leadership. Bennis (1984) made the distinction clear. "Leaders are people who do the right thing; managers are people who do things right." Early intervention needs administrators who can guide the course of service and program development, conduct the collaborative work of multiple disciplines and agencies as an orchestra, and direct the agency toward expected results for children and families. This chapter explores the tasks critical to leadership in early intervention.

## MODELS FOR ADMINISTRATION

❑ Several models for leadership and administration can be applied to early intervention. Wimpelberg, Abroms, and Catardi (1985) examined four such models presented by Bolman and Deal (1984):

1. The technical model.
2. The human relations model.
3. The political model.
4. The symbolic model.

*The technical model is a structural one.*

The *technical model* is a structural one, typical of many educational institutions. It is based on the assumption that organizations "exist primarily to accomplish established goals" (Wimpelberg et al., 1985, p. 3) and that a linear and specialized organizational structure designed to coordinate and control, typically from the top down, is the most appropriate structure for meeting established goals. We have had ample opportunity to observe this model at work.

*The human relations model is based on organizations existing in order to serve human needs.*

The *human relations model* is based on the assumption that "organizations exist to serve human needs" (Wimpelberg et al., 1985). The success of the organization rests not on the structure, but on the degree to which personnel participate in the work of the organization and the degree to which organizational and personal goals are in synchrony.

*The political model is based on the power to succeed in competition for resources.*

The *political model*, emerging in the literature in the austere financial climate of the 1980s, is based on the power of the organization to succeed in the competition for dwindling resources through strategies of bargaining, negotiating, and successful conflict resolution.

Finally, the *symbolic model* rests not on structure, participation, or power, but on meaning (Wimpelberg et al., 1985), or the perception of

an organization by its constituents. The success of this model, which emphasizes marketing strategies of image building and messages of feeling rather than fact, is typified by the funds generated by entertainer Jerry Lewis for multiple sclerosis research through "Jerry's Kids." As we examine the tasks of leadership in early intervention, we will want to reexamine the array of models at our disposal to determine which ones will serve us best.

*The symbolic model rests on the perception of an organization by its constitutents.*

### *Basic Leadership Tasks*

❑ Organizational literature not only gives us models for administration, but defines basic leadership tasks and skills. Ends and Page (1977) suggested 10 basic leadership functions:

1. Establish, communicate, and clarify goals.
2. Secure commitment to goals.
3. Define and negotiate roles.
4. Secure commitment to assigned roles.
5. Develop clear plans for activities.
6. Set and communicate performance standards.
7. Provide feedback to individuals and to the group.
8. Provide coaching and supervision.
9. Provide a model of enthusiasm and a sense of purpose.
10. Control the group process.

Bennis (1984) identified four sets of leadership skills which might be seen as encompassing all 10 functions. The 90 successful leaders in his study shared a clear sense of goals or mission; the ability to communicate those goals; the ability to inspire and maintain the trust of others; and a clear understanding and effective use of their own skills.

A picture emerges from these studies and others (Lay-Dopyera & Dopyera, 1985) of the leader as one who is committed to a mission that is clearly communicated to others, and who creates an organizational environment in which the responsibility for both goal setting and goal accomplishment is shared with a team. Clear goal setting, discussed earlier as the basis for the technical model of administration, is widely cited in the literature as the first step in effective management. However, in a departure from the technical model in which administration hands down goals to be accomplished by subordinates, organizational researchers (Bennis, 1984; Dyer, 1987; Ends & Page, 1977) are clear that in organizations that perform well, leadership tasks are shared with team members. This seems especially important for early intervention programs.

*Clear goal setting...first step in effective management.*

*Leadership tasks are shared with team members.*

Drawing from the organizational literature, we can conclude that there are at least four tasks specific to administration of early intervention programs which imply the need for an alternative to the technical model:

- Building an early intervention team.
- Creating an environment which supports families as members of the team.
- Setting goals in collaboration with that team.
- Communicating goals to those who can effect their accomplishment.

The following section addresses the administrative aspects of building a team; Chapter 8 by Woodruff and McGonigel deals with programmatic considerations related to the team approach.

## BUILDING AN EARLY INTERVENTION TEAM

### Team Building: A Historical View

*The team concept derives from the human relations model.*

❑ The team approach is not original to early intervention. The team concept derives from the human relations model of management, emphasizing the importance of the group and the use of group methods to build effective work relationships. Beginning with the now famous Hawthorne study carried out by Harvard faculty at an Illinois plant of the Western Electric Company, researchers in the field of organizational development have examined group dynamics and the process of team building (Bennis, 1984; Dyer, 1987; Ends & Page, 1977). Their work provides the field of early intervention with both the theoretical and methodological support for what now carries the weight of legislation—a team approach.

Prior to the passage of Public Law 94-142, (the Education for All Handicapped Children Act of 1975), handicapped children were typically served by a single discipline, most frequently a classroom teacher, while other specialty services were recommended based on a child's "primary presenting problem." Specialists in the fields of speech and language and physical and occupational therapy treated children in clinical settings that were isolated from classroom programs.

The multidisciplinary team evaluation and the related services mandated in P.L. 94-142 were products of a growing understanding by parents and professionals of the compound effects of developmental delays. However, the multidisciplinary team was based on the assumption that while a variety of disciplines were needed, they could function independently of one another. Children were "pulled out" of their classrooms in order to receive the speech, physical, and occupational therapies prescribed in their IEPs.

*Children were "pulled" out to receive therapies.*

Problems in the multidisciplinary model were apparent. Agencies and professionals delivered services that frequently overlapped, and parents were frequently left to choose between conflicting priorities and service strategies which they only rarely had been involved in selecting. It was the harsh economic reality of the 1970s that forced professionals to reexamine an approach that resulted in wasteful and duplicative efforts, and to develop new, collaborative, "interdisciplinary" strategies in which communication increased and therapists were invited into the classroom to integrate their activities with a child's educational program.

Finally, as teachers, therapists, and representatives of other disciplines worked together, discussing child needs and planning activities, they developed programs that integrated efforts across developmental domains and disciplinary boundaries. Team members began to view children from a broad developmental perspective and began to share information and expertise with one another. A decade ago, the United Cerebral Palsy 0-3 Project (Patterson & Hutchinson, 1976) developed a model for interaction of disciplines that offered teams the opportunity to enhance the quality of information sharing and to minimize intrusiveness on the family. This is the service delivery approach we call *transdisciplinary*. (The

*Team members began to view children from a broad developmental perspective.*

evolution of the transdisciplinary team approach is treated in greater detail in Chapter 8 by Woodruff and McGonigel.)

### *Extending Team Membership*

❑ The role of the family on the team has undergone a similar evolutionary process. Prior to P.L. 94-142, institutional procedures isolated parents from decision making and even from information about their own children. However, P.L. 94-142 required schools to secure at least a token level of parent participation through the IEP process. Since then, research supporting the importance of family involvement has heightened the level of acceptance and acknowledgment of the family as full team members. The gradual evolution of family involvement will be accelerated considerably by the impact of P.L. 99-457, which will move early intervention programs further and faster toward services in which families are fully participating members.

*Evolution of family involvement will be accelerated by P.L. 99-457.*

### *Organizational and Multiagency Teams*

❑ The early intervention leader must continue to expand his or her view of team membership, crossing the boundary of the early intervention program, even the walls of one agency, and ensuring team development at several levels (Figure 1). The administrator must ensure that the early intervention team exists as part of a larger "organizational team" which brings working groups together to develop shared goals and expectations that both complement and exceed their individual tasks or missions. While each team's work may be highly differentiated, it is important to have a mechanism of integration to tie the group together for goal setting (Lawrence & Lorsch, 1967). When this organizational team works well, it is more easily incorporated into the larger community or interagency team.

The political model of administration, that is, the building of constituencies and securing of resources, supports the bargaining for and pooling of resources among agencies. *Networking*, a key word in business and organizational politics, is necessary among agencies to meet the complex service needs of children and families and to build stronger bases of advocacy. New models for multiagency teams are being developed and implemented based on the recognition that no one agency has all the services required to meet the "diverse and complex needs of young children and their families" (Woodruff, McGonigel, Garland, Zeitlin, Shanahan, Chazkel-Hochman, Toole, & Vincent, 1985). By joining forces on a multiagency team, creative skills and resources are joined to carry out problem solving that exceeds the capacity of any one agency.

*Networking is necessary among agencies.*

Goals of the multiagency team may include (a) assessing needs and planning services to meet the needs of individual children and families; (b) assessing availability of community services for handicapped children; (c) developing new services or modifying existing services to meet community needs; (d) advocating on behalf of children and families on state and local levels with regard to fiscal, legislative and programmatic issues; and (e) coordinating funding for more effective use of community resources.

The administrator can increase the likelihood of success by making a firm commitment of staff time to attend team meetings. The scope of the team's task should determine whether the appropriate participant is an early intervention service provider, a transportation coordinator, an

*Figure 1. Team-Building Levels.*

| | |
|---|---|
| LEVEL I | UNIT TEAMS<br>• Unidisciplinary<br>• Multidisciplinary<br>• Interdisciplinary<br>• Transdisciplinary |
| LEVEL II | ORGANIZATIONAL TEAMS<br>• Intra-agency<br>• Unit Leaders<br>• Subcommittees<br>• Parent Groups<br>• Advisory Boards |
| LEVEL III | INTERAGENCY TEAMS<br>• Related Local Agencies<br>• Local Support Agencies<br>• Advocacy Groups<br>• State Agency Representatives |

executive director, or a board chairman. Regardless of who fills the role, each representative on a multiagency team must be empowered to lend his or her agency's commitment to the decisions of the team.

*Individual agency priorities occasionally must be subordinated.*

Individual agency priorities and needs occasionally must be subordinated to the needs of the multiagency team. Therefore, administrators must encourage their representatives to take on a new role in a multiagency context. Multiagency team members must suspend, temporarily, their role identification as members of one particular agency's staff in favor of their team membership role. This will allow them to act, while mindful of their agency responsibilities, for the good of the total team. Team representatives must be free to carry out their team goals in a supportive climate in which they do not fear administrative reprisal for team actions.

### *Creating a Climate for the Team*

*Team building is a change strategy.*

❑ Team building is a method for helping the team engage in a continuing process of self-examination, gathering information about themselves as individuals and as a group, and using those data to make decisions. Team building, viewed in this way, is a change strategy, and can take place only in an organization in which the leader encourages self-examination and creates a climate that supports change.

> The climate of a group refers to how the team members feel about one another, how much they enjoy working together, and how they feel about their joint endeavor. It is a mix of attitudes, emotions, and interpersonal behavior. The leader can control the climate first by example and second by dealing directly with inappropriate attitudes,

feelings and behaviors...before (they) poison the whole team. (Ends & Page, 1977, p. 52)

Change grows from a perception that an alteration in structure or function is needed (Zaltman & Duncan, 1977). Problems arise when staff and administration do not share similar perceptions. Thus, when the change is suggested by an administrator, staff may react as if disapproval of individual or group performance is implied. However, in a climate in which staff and program evaluation for the purpose of improvement is routine and continuing, change is no stranger, nor is it to be feared. In a climate in which the team participates in self-evaluation and program evaluation, data suggesting the need for change will have been generated by the team or its members. When the climate supports training as a necessary and desirable allocation of program resources, team members are confident that they will have the time, materials, and coaching needed to incorporate change into their repertoire of behaviors.

*Problems arise when staff and administration do not share similar perceptions.*

In a climate in which the team plays an active role in goal setting, the process of change is a collaborative one. This collaborative process must, of course, include families as members of the team. O'Donnell and Childman (1969) found that consumer participation in change lessens consumers' alienation and enhances their feelings of being in control.

*When the team plays an active role in goal setting, the process of change is a collaborative one.*

In creating a climate for change, the human resource model of administration serves well, bringing organizational and human needs into synchrony. Maslow (1954) provided a theoretical base for placing a high priority on human needs for continuing self-development, true for organizations as well as individuals. An agency in a dynamic state of growth and change is like Maslow's "self-actualizing" adult or Allport's (1955) "becoming" personality.

The collection of personalities that comprise a team cannot be overlooked (Garland, 1982). Openness and a willingness to take risks are personal characteristics that enhance an individual's ability to make changes. The administrator committed to change as a continuing strategy for organizational development should look for these qualities as program staff are hired. When it is the administrator who lacks those qualities, then the door to the office closes on leadership and change, leaving only management, if that.

*Openness and willingness to take risks enhance an individual's ability to make changes.*

Dyer (1987) offers a checklist to determine whether the organization is ready for team building. Several items on this checklist (Figure 2) are most appropriate to early intervention programs, making it an excellent instrument for determining the extent to which program leadership supports team building.

### *Strategies for Team Building*

❑ Teams are made, not born, (Fewell, 1983) and the leadership challenge is clear: to create and support an environment in which professionals and families participate in setting goals, and in which they pool their skills and resources to accomplish those goals. There are many opportunities in the management process for administrators committed to building a strong team to provide guidance in this direction.

If an organization is ready to tackle the job of team building, a systematic approach that includes the following steps is necessary:

*A systematic approach is necessary.*

*Figure 2. Dyer's Team Building Checklist.*

Are you (or your manager) prepared to start a team-building program? Consider the following statements. To what extent do they apply to you or your department?

| | Low | | Medium | | High |
|---|---|---|---|---|---|
| 1. You are comfortable in sharing organizational leadership and decision making with subordinates and prefer to work in a participative atmosphere. | 1 | 2 | 3 | 4 | 5 |
| 2. You see a high degree of interdependence as necessary among functions and workers in order to achieve your goals. | 1 | 2 | 3 | 4 | 5 |
| 3. The external environment is highly variable and/or changing rapidly and you need the best thinking of all your staff to plan against these conditions. | 1 | 2 | 3 | 4 | 5 |
| 4. You feel you need the input of your staff to plan major changes or develop new operating policies and procedures. | 1 | 2 | 3 | 4 | 5 |
| 5. You feel that broad consultation among your people as a group in goals, decisions, and problems is necessary on a continuing basis. | 1 | 2 | 3 | 4 | 5 |
| 6. Members of your management team are (or can become) compatible with each other and are able to create a collaborative rather than a competitive environment. | 1 | 2 | 3 | 4 | 5 |
| 7. Members of your team are located close enough to meet together as needed. | 1 | 2 | 3 | 4 | 5 |
| 8. You feel you need to rely on the ability and willingness of subordinates to resolve critical operating problems directly and in the best interest of the company or organization. | 1 | 2 | 3 | 4 | 5 |
| 9. Formal communication channels are not sufficient for the timely exchange of essential information, views, and decisions among your team members. | 1 | 2 | 3 | 4 | 5 |
| 10. Organization adaptation requires the use of such devices as project management, task forces, and/or ad hoc problem-solving groups to augment conventional organization structure. | 1 | 2 | 3 | 4 | 5 |
| 11. You feel it is important to surface and deal with critical, albeit sensitive, issues that exist in your team. | 1 | 2 | 3 | 4 | 5 |
| 12. You are prepared to look at your own role and performance with your team. | 1 | 2 | 3 | 4 | 5 |
| 13. You feel there are operating or interpersonal problems that have remained unsolved too long and need the input from all group members. | 1 | 2 | 3 | 4 | 5 |
| 14. You need an opportunity to meet with your people and set goals and develop commitment to these goals. | 1 | 2 | 3 | 4 | 5 |

*Note:* From *Team Building: Issues and Alternatives* (2nd ed.) by W. Dyer, 1987. Reading, MA: Addison-Wesley. Reprinted by permission.

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Step 1. Examine current levels of team interaction.

Step 2. Assess the need for team development.

Step 3. Select priorities.

Step 4. Plan specific strategies.

Step 5. Implement plans.

Step 6. Evaluate strategies used.

Step 7. Reevaluate the level of team functioning.

This is a planning cycle familiar to early interventionists who bring the same diagnostic, data-gathering approach to the assessment and planning of children's individual developmental programs.

Information about the team can be gathered in a variety of ways, using team-building surveys or individual interviews. Figure 3 provides an example of a team-building instrument used by an early intervention program to assess the strengths of the team and the areas in which the team needs work in group process (Neugebauer, 1983). The instrument helps teams to examine the ways in which they work together in setting goals, carrying out plans, and handling conflict. Team members working either individually, in writing, or together, in discussion, rate their team functioning on each of the items offered. Mean scores are tallied, and low items become the priorities for the team. Together, the team must identify team-building goals, strategies for intervention, and time lines for accomplishment and reevaluation.

*The instrument helps teams evaluate.*

Another good model for team building is offered by Project Bridge (Handley & Spencer, 1986). Project Bridge offers a process for generating alternative strategies in a way that draws on the group's potential for creative problem solving. While Project Bridge was designed specifically to assist teams in generating strategies for serving children and families, like the diagnostic approach suggested above, it is easily generalizable to the team-building task.

Regardless of instrumentation, the accuracy of the needs assessment process depends on the degree to which team members feel safe enough to respond honestly about team performance and team-building needs. Some teams will feel comfortable enough to carry out a needs assessment in a group setting, each individual indicating the score he or she assigned an item, and the group examining its own diversity or consensus. For others, fear of group response or administrative reprisal will make it necessary for team ratings to be done in writing and submitted to a neutral third party such as a consultant. For the administrator entering a situation in which trust does not already abound, the challenge is doubled. The administrator must determine whether he or she has the skills to create an environment in which team building can occur or whether the more specialized skills of a consultant are needed. In such a case, a consultant offers a safe alternative for the team whose members are reluctant to share openly with one another or their leader (Dyer, 1987). Regardless of the process chosen, data from interviews and surveys should be summarized and shared with the group. In team building, as in all organizational goal setting, the role of the group in determining the priorities for their efforts is crucial to the success of the team-building effort.

*Some teams will feel comfortable to carry out a needs assessment in a group setting.*

*A consultant offers a safe alternative.*

Administrative commitment to team building is a key ingredient in its success. This commitment is easily communicated to the team by the administrator's allocation of time for the team-building effort, both in the team's schedule and in his or her own schedule. Conversely, the administrator who drops in for a few minutes on the team-building session between budget committee meetings, or who literally takes a back seat in the process, communicates an aloofness from the process that guarantees failure.

### *Choosing Team Members: Securing Commitment to Roles*

❑ Newspaper advertisements for early intervention positions give clues to priorities in hiring. Qualifications such as discipline specialization, educational degree, years of experience, and licensure in the state in which programs operate all meet management requirements, but fail to

*Figure 3. Team Effectiveness Rating Scale.*

Rate the effectiveness of your team on a scale of 1 to 7 in terms of each of the variables listed below. Below each variable are descriptions of the worst case (rated 1) and the best case (rated 7) for that variable. You can rate your team very low (1), very high (7), or anywhere in between, depending on how you perceive the situation.

_____ 1. Clarity of Goals
(1) The team has no set goals.
(7) The team has challenging yet achievable goals which members well understand.

_____ 2. Level of Cohesion
(1) Team members have no group loyalty; have no sense of belonging to a team; and tend to exhibit hostility toward each other.
(7) Team members exhibit a strong sense of loyalty to the team; are highly concerned with the performance of the team; and feel responsible for helping each other improve.

_____ 3. Level of Sensitivity
(1) Team members are insensitive to the needs and feelings of each other; expressions of feelings are ignored or criticized.
(7) Team members exhibit outstanding sensitivity to each other; feelings are openly expressed and responded to with empathy.

_____ 4. Openness of Communications
(1) Team members are guarded and cautious in communicating, listen superficially but inwardly reject what others say, and are afraid to criticize or be criticized.
(7) Team members are open and frank in communicating, reveal to the team what they would be reluctant to expose to others, and can freely express negative reactions without fear of reprisal.

_____ 5. Handling Conflict
(1) Conflicts are denied, suppressed, or avoided.
(7) Team members bring conflicts out into the open and work them through.

_____ 6. Decision Making
(1) When problems or opportunities arise, decisions are delayed endlessly, and, when made, are never implemented.
(7) Decisions are made on time and implemented fully.

_____ 7. Participation
(1) The team leader makes all plans and decisions and orders their implementation.
(7) All team members participate in shaping the decisions and plans for the team.

_____ 8. Evaluation
(1) The team does not assess any aspect of its performance.
(7) The team regularly questions the appropriateness of its goals. It evaluates its progress in achieving its goals, the performance of individual team members, and the functioning of the team. Objective feedback is freely and frequently shared.

_____ 9. Control
(1) Discipline is imposed totally from above.
(7) Discipline is totally self-imposed; team members are responsible for controlling their own behavior.

_____ 10. Use of Member Resources
(1) Team members' knowledge, skills, and experiences are not utilized by the team.
(7) Team members' resources are fully utilized by the team.

*Note: Team Effectiveness Rating Scale,* by R. Neugebauer, 1983. Reprinted with permission from the November, 1983 issue of the *Child Care Information Exchange* (a management magazine for center directors), P.O. Box 2890, Redmond, WA 98073.

lead toward team building. New staff members must bring not only all the necessary and obvious professional qualifications, but also a commitment to the team approach. Staff must perceive their roles not simply as members of their disciplines, but also as members of an early intervention team, and as part of the larger organizational team. Personnel interviews must address the candidate's ability to contribute to a team. Job descriptions must delineate not only disciplinary but team expectations and responsibilities.

*New staff members must bring a commitment to the team approach.*

A team approach demands mutual respect among team members and across disciplinary boundaries. Building a cohesive team requires involving existing staff in selection of new team members. This calls on the administrator to practice a little role release, training staff in interviewing skills and sharing decision-making prerogatives which, in the traditional technical model, reside within administration.

The structure of the interview itself can search out the skills and philosophical biases of a potential team member. Asking concrete questions about how the candidate would schedule a parent-child session provides information about whether and how the applicant implements the team approach. A candidate's description of a session in which motor, language, and cognitive skills are addressed sequentially, and in which parents play only an observer or learner role, belies any philosophical statements about an integrated team approach to development.

Questions regarding the role of individual and group therapy reveal the person's application of team approaches. Questions should be designed to elicit information about the applicant's comfort with role release, role expansion, and exchange. For example, asking how the applicant would resolve team conflict may give insight into interpersonal and problem-solving skills. Information regarding the candidate's professional activities also reveals a level of professional commitment to growth and change, important to team and program development. Figure 4 provides a sample interview format.

*Questions regarding individual and group therapy reveal the person's application of team approaches.*

### *Building Teams by Building Skills*

❑ As interest in a team approach to early intervention has grown, so has the awareness that early intervention professionals, skilled and experienced in their own disciplines, may lack the skills needed to work as members of an early intervention team. Preservice programs have not traditionally included training in how to develop teams or in the skills needed for role sharing and role release. When INTERACT, an early intervention professional organization, developed a monograph entitled *Basic Competencies for Personnel in Early Intervention Programs* (Zeitlin, 1982), it provided a comprehensive treatment of the subject except for the skills related to team participation. However, the subsequent INTERACT publication (Woodruff et al., 1985) reflected the growing awareness of the need for team skills:

*Professionals skilled in their own disciplines may lack skills to work on a team.*

> Infants and their families require the services of professionals with a wide variety of skills. If a team approach is used, working as part of a team is part of those skills. As the benefits of interdisciplinary and trans-disciplinary service models become widely acknowledged, typical personnel preparation programs which provide training in single disciplines may need to expand to include training across disciplines. (p. 15)

*Figure 4. Sample Interview Format.*

I. Training and Experience

A. What training has the candidate had?
1. Where was the candidate trained?
2. What was the philosophical orientation of this training program?
3. What degrees, specialized certificates, or endorsements has the candidate earned?
4. What additional inservice training has the candidate received?
5. What familiarity does the candidate have with specific concepts or techniques that may be deemed appropriate to this program's philosophy?
   a. Piagetian approaches
   b. neurodevelopmental treatment
   c. sociolinguistics
   d. pragmatics
   e. social learning theory
   f. behavioral learning theory
   g. attachment theory
6. What training or experience has the candidate had in counseling skills?
7. What assessment measures or approaches has the candidate been trained to administer?

B. What has the candidate's previous work experience included?
1. What ages, types of handicaps or severity level has the candidate worked with?
2. In what capacity has the candidate worked with families?
3. What team members has the candidate worked with? In what capacity? What type of team interaction?
   a. unidisciplinary
   b. multidisciplinary
   c. interdisciplinary
   d. transdisciplinary
4. In what settings (home-based, center-based)?
   a. How much experience has the candidate had with therapeutic intervention? Educational intervention?
   b. How much experience has the candidate had in working with individuals, small groups, large groups?
5. What type and level of training has the candidate done before?
   a. with teams on the job
   b. inservice training
   c. at conferences

II. Individual Philosophy

A. Have the candidate describe the "ideal" program for serving the types of children and families in this target population.
1. What would be the ideal schedule?
2. How many children would be on the caseload?
3. How much individual and group therapy and education time would be allotted?
4. How would the candidate use team members?
5. How would the candidate serve families?
   a. What would be the goals?
   b. What options for service delivery would be available?
6. What should the parent's role in the program be?
7. What assessment and evaluation measures would the candidate select?
8. What educational and treatment approaches would be incorporated?

*(Continued)*

*Figure 4. Sample Interview Format. (Continued)*

B. What would the candidate describe as ideal team functioning?
   1. How does the candidate see his or her role in relation to other team members?
   2. How does the candidate feel about teachers or therapists implementing his or her treatment or educational intervention?
   3. If asked to teach others these skills, how would the candidate go about this?
   4. At what level would the candidate like to be involved with administrative hiring, supervision, program evaluation?

C. Professionalism
   1. What type of ongoing training does the candidate perceive would be useful to him or her?
   2. To what professional journals does the candidate subscribe?
   3. What was the last conference the candidate attended? Why?
   4. What type of presentations has the candidate made? To whom? Where?
   5. What does the candidate see as current trends and controversies in the field? (Pursue if any are of interest.)
   6. What books (text or others) have influenced their approach to children and families?
   7. What does the candidate describe as his or her strengths?
   8. What does the candidate describe as his or her weaknesses?
   9. What are the candidate's short- and long-term goals for the future?

D. Personal Influences
   What life experiences have influenced the candidate's approach to children and families?

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In fact, personnel preparation programs are now moving toward offering training that crosses disciplinary and department boundaries. Federal priorities for Infant Inservice Training Projects within the Handicapped Children's Early Education Program (HCEEP) reflect a commitment to teams that include families and to training "to facilitate team efforts to deliver effective services" (*Federal Register*, Aug. 27, 1986). All of these provide evidence of a new and heightened awareness of the need for early intervention professionals to develop the skills related to serving children and families using a team approach.

*Staff development becomes a priority for team building.*

It is the administrator's task to complement the existing skills of the early intervention staff through supervision and inservice training in team skills. Staff development, an important component of any program, becomes a priority for team building. Here, as in other areas of team performance, the collaborative approach must extend to allowing team members to be actively involved in planning, developing, and evaluating the staff development efforts.

However, there are few good instruments for assessing the skills of team members, let alone their skills in the team process. In a survey conducted by Buck and Rogers (1987), all HCEEP model demonstration programs that described themselves as using a team approach were asked to describe staff evaluation instrumentation, particularly with regard to team skills. The same survey was sent to early intervention programs in Virginia. A surprisingly small number of programs had any formal instruments at all; even fewer addressed team skills. Even those programs that stressed a team approach frequently limited their examination of team

interaction skills to the traditional "works well with others." Interestingly, programs were more likely to be rigorous in examining the ways in which staff worked with and involved families than the ways in which they collaborated with other paid team members.

*There are models of needs assessment for staff development and team building.*

There are, however, some models of needs assessment for staff development and for team building. Garland (1979), in the *Skills Inventory for Teachers* (SIFT), has addressed some skills specific to team interaction in several sections of the 150-item instrument. Skills addressed include "recognizes need for and obtains consultation from other team members; can describe the roles of all team members including parents; and elicits ideas, questions and concerns from all participants." An instrument for self-evaluation that examines more closely the attitudes affecting team dynamics comes from Project Bridge (Handley & Spencer, 1986). That self-assessment, which uses a 5-point scale, is accompanied by a team assessment. Designed for a team member's own use, it asks searching questions, calling for a rigorous look at one's own attitudes and behaviors:

> To what extent do you think a child's family should be involved in selecting and implementing a service plan for an at-risk child or a child with disabilities? To what extent have you worked to enhance team cohesiveness and mutual understanding? (p. 18)

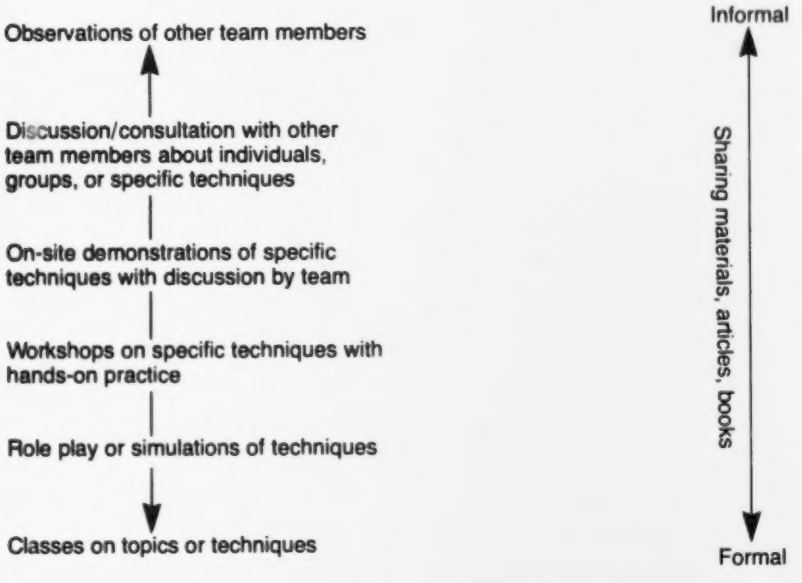
Administrators are challenged to seek out and use instrumentation that assists them and their staffs in identifying needs for skill development and performance improvement in the area of team performance and to design and implement staff development plans that meet those needs. Staff development plans intended to meet the needs of personnel who have varied team-building skills must offer a range of options in both content and format. Staff development methods which fall along a continuum, ranging from informal, on-the-job observations to more formal training events, will be selected based on need and preferred learning style (see Figure 5).

*Administrators are challenged to lead.*

Once again, administrators are challenged not just to manage, but to lead, by example and model. An administrator seeking honest self-appraisal and an open responsiveness to performance evaluation from staff must similarly find mechanisms to appraise his or her own skills and performance as a team leader. Skills in planning, organizing, coaching, persuading, and negotiating are all needed by the team leader. A team leader can certainly benefit from the self-evaluation checklist provided by Ends and Page (1977) or from the self-examination used in the Bridge Model. However, a systematic approach for evaluating the performance of an administrator must be provided, with specific attention to team-building skills.

Staff must have mechanisms for providing feedback to their team leader without fear of reprisal, if that leader is to grow more skilled in team building. This is another instance in which instrumentation and methodology are not readily available. However, administrators committed to getting feedback about their own team performance will be rigorous in eliciting information, receiving it without defensiveness, and using it to plan behavior change. Figure 6 is an excerpt from an administrator's evaluation used at Child Development Resources in Lightfoot, Virginia. The survey examines the administrator's performance in the areas identified as priorities by the board. Items include information about the administrator's ability to lead the agency toward its established goals, and

*Figure 5. Team-Building Models.*


Observations of other team members
Discussion/consultation with other team members about individuals, groups, or specific techniques
On-site demonstrations of specific techniques with discussion by team
Workshops on specific techniques with hands-on practice
Role play or simulations of techniques
Classes on topics or techniques
Informal
Sharing materials, articles, books
Formal

meet required time lines. However, the way in which the administrator works as a member of the team is clearly an important component of performance, and items also address interaction with staff, board, clients, and the community. The survey is mailed to all staff and board, including parents. It is returned to an impartial third party to summarize and present, in confidence, to personnel decision makers and to the administrator. Together, administrator and key board members set targets for performance improvement. The high rate of return indicates the degree to which the staff and board feel that their participation is important and the degree of comfort they feel with the process.

### *Scheduling*

❑ Football teams spend hours practicing together and are coached to improve their game. Orchestras rehearse their performance as a group under the guidance of the conductor. Time to practice is at least as important as time to perform, and practice hours outweigh game or concert time. Administrators must allow time for the team to plan, practice, and critique their work together. Administrators should regard this time as part of a strategy that ensures the quality of direct service and as an opportunity for staff development and program improvement.

*Administrators must allow time for the team to plan, practice, and critique their work together.*

Administrators will encourage the sharing of information and skills among team members and will expect developmental specialists and therapists to help parents and other team members integrate helpful child care, management, therapeutic, and developmental strategies into the child's day. Administrators will want to examine the best use of time to ensure cross-disciplinary planning and intervention as well as individual treatment time. Early intervention teams must have time to plan the assessment process; communicate concerns, questions, and findings; write integrated assessment reports; and plan and critique their staffings

*Administrators will encourage sharing of information and skills.*

*Figure 6. Excerpt from an Administrator's Evaluation.*

The following questions, to be completed by staff and board, deal with the Executive Director's attitudes toward her own performance and need for performance improvement. Please rate how consistently the Executive Director shows the following behaviors from "1" (never) to "5" (consistently) or "N/O" (no opportunity to observe).

34. Assesses own behavior in terms of staff and board feedback and program evaluation results.

1 2 3 4 5 N/O

35. Elicits and accepts performance feedback and suggestions for performance improvement.

1 2 3 4 5 N/O

36. Is able to change behavior based on feedback.

1 2 3 4 5 N/O

37. Recognizes and expresses own need for skill, information, or performance improvement.

1 2 3 4 5 N/O

38. Seeks professional development through conferences, workshops, staff meetings, or individual study or reading.

1 2 3 4 5 N/O

to ensure that parents participate in a meaningful, rather than perfunctory, way. This can occur in planning meetings, in classroom or home-based activities, and in individual conferences and consultations. Whatever the setting, specific allocation of time for these activities in the schedule is critical.

*Work hours must be set in response to client needs.*

The human relations model for administration is an effective one to apply to scheduling, which must be flexible. Work hours must be set in response to client, rather than to organizational, needs. Evenings, Saturdays, and other nontraditional work time must be options for working with families who need to be sufficiently free from conflicting priorities to give their attention to their role as team members. Flexible personnel policies will allow administrators to match client needs with staff preferences for work hours. This approach meets the human needs that staff and clients share to manage their work, study, and family responsibilities in individual patterns that fit individual needs and lifestyles.

## BUILDING FAMILY FOCUSED TEAMS

❑ Early intervention professionals have acknowledged that "unique biological, physical, and psychological dependence of the infant on his family" (Woodruff et al., 1985) has made it necessary for early intervention programs to become "family focused" (Dunst, 1985). Administrators must

recognize that more than terminology has changed and that family-focused services differ significantly from the last decade's goal of obtaining parent involvement in child focused services. Family focused services are designed viewing the child in the context of the family and the family as the appropriate recipient of services. Administrators must take the lead in developing organizational practices and procedures that allow the team to bring a family focus to early intervention.

*Services are designed viewing the child in the context of the family.*

Not just administrators, but all team members, need to re-examine their expectations of the family's role in order to bring a family focus to early intervention. Working with parents as partners on the team does not involve making parents into therapists or teachers. It does mean actively involving families in assessing their own and their child's needs. It means planning and securing interagency coordination of the complex web of services needed by the family and helping families obtain those services. It means supporting families in their efforts to cope with problems and stresses associated with raising a handicapped child and helping them to encourage the development of that child. It means accepting families' own expectations and limits on the degree to which they desire to be involved, as parents, not as professionals.

The complex and emotionally demanding task of implementing a family-focused approach to service delivery falls to direct service staff. However, administrators are responsible for providing a structure that encourages a family focus and for creating an organizational climate that not only enables but requires a family-focused approach. Administrators must develop strategies for securing active and meaningful consumer involvement not only in planning their own children's programs, but also in designing service delivery systems. Parent participation in selecting individualized family service plan (IFSP) goals and strategies, required by P.L. 99-457, is not meaningful unless the service delivery system itself is responsive to family needs.

Together with consumer and community representatives, administrators must ensure that there are a range of service options available for parents to choose from, based on parents' needs and interests. The team should be involved in presenting alternatives for families, assisting when needed, and clarifying the consequences of options chosen. Administration must provide alternative ways in which families can be involved in their child's program as well as in other aspects of the program. Fiscal policies and insurance must be examined to make sure that they facilitate rather than block the delivery of services, such as transportation, to families.

*Administrators must ensure a range of service options.*

Administrators must develop personnel policies that respond to the need for flexible staff hours required to meet varied family needs. Written role or job descriptions should be clearly specified so that each team member understands his or her responsibilities to families, not just to children. Staff development plans should include goals for developing specific skills needed in family-focused intervention and strategies for meeting those goals. If staff are to take this commitment seriously, data collection and personnel and program evaluation must focus on services to families rather than on child progress data alone. Family participation in program evaluation, both in informal and formal ways, must be ensured by administrative openness to families and by use of evaluation strategies that offer opportunity for participation by families of widely varied educational levels. Consumer representation is necessary on governing

*Administrators must develop policies for flexible staff hours.*

*Family participation in program evaluation must be ensured.*

boards as well as on advisory boards, providing further evidence of true administrative commitment to families as team members.

## GOAL SETTING AND THE PROCESS OF CHANGE

### Participants

*If the leader is to succeed, the team must share commitment.*

❑ Looking once more at the definition of leadership, one must be struck by the strong emphasis on having goals and steering a course toward those goals. The reader may wonder why goal setting, typically first chronologically among administrative tasks, was not treated earlier in this chapter. In fact, if the leader is to succeed in reaching goals, the *team* must share his or her commitment. Therefore, building a team that can contribute to goal setting becomes a goal in itself, one that provides a foundation for setting other goals.

Program goals are not to be confused with the overall mission of the agency or its statement of philosophy. An agency committed to creating conditions that foster mental health among children and families needs to set specific goals each year that are consistent with its overall mission. When stated goals are not specific, it is virtually impossible to develop plans to achieve them, and absolutely impossible to secure genuine commitment from group members (Ends & Page, 1977). Goals should reflect a dissonance between conditions that exist and those that are ideal, and they should challenge the group to make changes needed to move closer to the ideal. Leaders strive for excellence, not perfection. Leaders can help the group set goals that approach the ideal, goals that are challenging, yet realistic.

*Goals should reflect a dissonance between conditions that exist and those which are ideal.*

The administrator who wishes to bring about a team approach in direct service but who uses a technical, linear management model, in which administration sets goals to be carried out by the team, loses an opportunity to teach team behavior by example, to obtain valuable and needed information, and to garner important political support. What seems clear is that all those who have responsibility for implementation and all those who have a stake in the agency participate in setting goals, whether in an advisory or decision-making role. Both the human relations model and the political model have much to offer to the goal-setting task, providing a framework for goal setting that meets the needs of participants and enlists their commitment to accomplishing goals.

### Planning for Planning

*Goal setting requires time, administrative commitment, and defined roles.*

❑ Like team building, goal setting requires time, administrative commitment, and clearly defined roles. Administrative time given to planning and administrative participation in the goal-setting process are statements of support and commitment. The planning group must have time to consider and define needs, set goals, identify resources, and plan strategies. Many organizational development specialists recommend that the goal-setting session take place in a location away from the daily workplace to stimulate creative thinking and minimize distraction. Administrative planning should include a clear definition of the process to be used for setting goals, and the expectations for each participant.

Role confusion creates conflict and frustration in any work environment. Staff, board, parents, and other participants in the goal-setting process must have clearly defined roles. If goal setting is a policy-making function, residing in an administrative or governing board, staff should have an opportunity to share their knowledge and expertise regarding the program and its needs. The staff needs to understand that, in this context, their role is to serve as consultants to a process essentially controlled by the board.

*Role confusion creates conflict and frustration.*

Program improvement, unlike policy making, is typically a staff responsibility, and goal setting in this area is typically controlled by staff. However, two-way communication with the governing board is essential if the board is expected to secure the resources and support necessary to allow goals to be reached. The board members need to understand and accept their role as policy makers who consult with and support staff in their program improvement and implementation roles. For parents to be true partners in a program, a system for consumer participation in goal setting should be developed. Parents, too, must be clear about whether their role is an advisory or decision-making one.

*Parents must be clear whether their role is advisory or decision-making.*

### *Models for Setting Goals*

❑ Administrators planning the goal-setting process need not only to define the roles of participants, but also to provide a model, or method, for the goal-setting process. The data-collecting model used with success in team building is, similarly, effective for setting organizational goals. Goal setting, as discussed earlier, is a process for resolving the dissonance between actual and ideal, whether in performance or in services available. An effective goal-setting process provides information to participants that allows them to identify such discrepancies. For example, demographic data may indicate a lack of success in reaching and serving a minority population. When data are shared with the planning team, a goal of increasing minority participation in program planning and in use of services may be set. Once data are available to the planning team, a variety of methods for setting goals can be used (Delbecq & Vandeven, 1971; Handley & Spencer, 1986).

*Administrators need to provide a model.*

Whatever the process used for goal setting, it must be viewed as the first step in a planning cycle that involves the following steps:

- Assessing needs.
- Setting goals.
- Generating strategies/alternatives.
- Developing an action plan.
- Identifying and securing resources.
- Implementing the plan.
- Evaluating and continuing the process.

Goal setting and the planning process are treated in numerous sources in early intervention literature (Linder, 1983).

### *Time Lines for Goal Setting*

❑ The administrator is responsible for developing a timetable for the planning cycle. The time line for planning must be designed with several considerations in mind. Primary among these is integrating the goal-setting and fiscal planning processes. Goals set in September for the

current school year are meaningless if decisions about fiscal resources, material and equipment purchases, staff available, and training opportunities have been decided months ago in the budget process. Goal setting should take place in advance of budgeting, providing the information needed by financial planners to develop their budgets and providing the philosophy and direction for the budget itself. Goal setting should provide the impetus for securing the resources needed for reaching goals. Seen from the fiscal perspective, a budget is merely the translation of the agency's goals, priorities, and action plan into financial terms.

*Goal setting should take place in advance of budgeting.*

Leaders in the planning process are concerned with more than immediate priorities. Leaders engage in a continuing cycle of goal setting and planning, addressing immediate priorities, anticipating trends, and incorporating them into long-term planning. A 5-year plan, developed using the participatory process described above and conveyed to the community with clarity and meaning, provides a blueprint for action for those whose work determines whether service needs are met.

*A 5-year plan provides a blueprint for action.*

### *Evaluation*

❑ Evaluation provides the basis for goal setting and program planning. While it is not the purpose of this chapter to address the merits or methods of evaluation, administrative responsibility for ensuring an evaluation component in both team building and planning is clear. With purposes and audiences in mind, the administrator and teams will want to explore alternative approaches to obtaining data to determine how successful their team-building efforts have been and whether or not program goals set in the planning process have actually been accomplished. The following strategies may be used:

- Case studies.
- Observations.
- Surveys and questionnaires.
- Management information systems.
- Experimental and quasi-experimental methods.
- Cost analysis.
- Informal feedback.

As discussed earlier, the administrator helps the team use evaluation as a data base to identify discrepancies between actual and ideal and to plan for change. Evaluation needs to provide data sufficient in number and quality to lay the foundation for goal setting and the planning process. The evaluation process, like each step in the goal-setting and planning process, will be a collaborative one, with parents and staff involved in selecting and implementing methodology, having an opportunity to contribute valuable data to the process.

*Evaluation needs to provide data for goal setting.*

## *FROM PLANS TO REALITY*

### *Image Building: Using the Symbolic Model*

❑ Once goals have been set, the administrator needs to communicate the meaning and mission of the agency and the urgency of its goals to a wider, external audience. Leadership does not stop with goal setting, but accepts the challenges of communication and advocacy necessary to

*The administrator needs to communicate to a wider external audience.*

secure the political and fiscal support that enables plans to be implemented and goals to be reached. Looking once again at models for administrative tasks, the symbolic model serves as a useful prototype.

The work an administrator has done in orchestrating the process of team building and goal setting within his or her own agency provides the tools needed to influence broader constituencies. The same evidence of need, the same clear statement of goals, the well-developed plan of action, and the commitment of one's own team to reaching those goals are the prerequisites to the advocacy process. Legislative, policy, fiscal, and programmatic decision makers look for clear evidence of need before allocating resources, and they will be persuaded by support from a coalition created by building a team that includes consumers and other agencies. Administrative staff and policy-making board leaders who have shared in goal setting will share the task of creating support for the program and its goals within the community at large.

*Decision makers will be persuaded by support from a coalition.*

The symbolic model provides a framework for creating the desired perception. It is critically important for the administrator to have a clear grasp of the meaning of the agency and an ability to convey that meaning. Moreover, early intervention leaders must know their constituents. Communication with the community and especially with key decision makers should be continuous and not limited to budget hearings.

*Communication should be continuous.*

From newsletters and brochures to "child checks" in the community, the administrator must have a clear grasp of the meaning of the program and must send consistent messages to its constituents that reinforce their belief in the truth of those messages. Strategies include

- Widely disseminated annual reports.
- Newsletters.
- Mass media.

The administrator must also ensure a system for continuous two-way communication with constituents. Strategies the administrator can use include

- Advisory committees.
- Task forces.
- Orientation meetings.
- Open houses.
- Community coffees.

This two-way communication results in valuable information for the administrator and at the same time enlists constituents in the process of identifying needs and planning change. It is far easier to secure the personnel, material, and fiscal resources needed to implement change when those on whom you rely to provide support have been instrumental in identifying the need for change.

In addition to planned communication, almost everything that happens in a human service program can reach the public, contributing to the image of the program in the local and professional community. This raises a question that is often troublesome for administrators. How does one handle the bad news—the staff reductions, the long hours children spend on the bus, the sprained wrist on the playground, and the herpes in the classroom?

If the agency is committed to a partnership with a broad, public constituency, and to creating in the community a picture of an open and honest system of communication, the mandate is clear. Administrators

*Administrators must determine when and how bad news should be shared.*

must determine when and how bad news should be shared. This can be done by determining which audiences share the right and need to know when things go wrong and by knowing which others are likely to learn of a problem regardless of administrative action. An administrator who provides a clear problem statement and a viable plan for improvement is generally perceived by consumers and decision makers not as the cause of disequilibrium, but as the architect of plans for a better future. The plan for a better future is the task of leadership in early intervention, both on a symbolic and literal level. If there is a discrepancy between the ideal and reality, then goal setting and planning must move programs closer to the idea. Early intervention leaders will convey their goals, their plans for a better future, to those whose support is needed to make the plan a reality.

*The plan for a better future is the task of leadership.*

## *SUMMARY*

❑ Administration of early intervention programs should be characterized by good management to ensure that services are delivered safely and efficiently, in keeping with local, state, and federal laws and regulations. Administration must go beyond management, to provide leadership in four important areas:

- Building an early intervention team.
- Creating an environment that supports families as members of the team.
- Setting goals in collaboration with that team.
- Communicating goals to those who can effect their accomplishment.

Four models for administration provide a framework for work in those areas. A multiple-model approach provides a useful structure for administrators of early intervention programs, who can draw on all four models:

- Technical model.
- Human relations model.
- Political model.
- Symbolic model.

In building an early intervention team and supporting families as part of that team, the human relations model provides a structure for selecting organizational goals to meet staff and family needs. The political model provides a framework for extending the team beyond the early intervention program, building multiagency teams and networks on behalf of young children and their families. The technical model is characterized by clearly defined goals and an equally clear understanding of locus of responsibility for reaching goals. However, if the commitment to a team approach is strong, the team will be involved in the goal-setting process, eschewing the linear structure typically supported by the technical model. Finally, the early intervention leader can use the symbolic model to convey to a broad and necessary constituency clear goals and a clear understanding of the mission and meaning of early intervention programs.

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